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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064428 (4)

1. Corporation Name

AMERX HEALTH CARE CORP.



Principal Place of Business

Mailing Address

1150 CLEVELAND STREET
410
CLEARWATER FL 34615
US

1150 CLEVELAND STREET
410
CLEARWATER FL 34615
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

33755

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

33755

30

3. Date Incorporated or Qualified

09/13/1993

4. FEI Number

59-3201771

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ANDERSON, JAMES B
1150 CLEVELAND STREET
SUITE 410
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

33755

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME ANDERSON, JAMES B
STREET ADDRESS 440 S GULFVIEW, BLVD, #1702N
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE D
NAME LEE PUCKETT
STREET ADDRESS 918 31ST AVE NE
CITY-ST-ZIP ST PETERSBURG FL

☒ DELETE

TITLE VS
NAME GALLOWAY, RICHARD
STREET ADDRESS 1908 CARRIAGE COURT
CITY-ST-ZIP PLANT CITY FL

☒ DELETE

TITLE DCOE
NAME JOHN C. ANDERSON
STREET ADDRESS 2350 NE COACHMAN RD
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE P
NAME MADDIX, RONALD L
STREET ADDRESS 5101 ROLLING FARWAY DR
CITY-ST-ZIP VALRICO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

5/1/98

813-447-2998

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